

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. <b>101088049</b>	FILING DATE					
						APPLICANT(S)						
						CLAIMS						
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*			
IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	INC.	DEP.
1	1					51						
2	1					52						
3	1					53						
4	1					54						
5	1					55						
6	1					56						
7	3					57						
8	1					58						
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43						93						
44						94						
45						95						
46						96						
47						97						
48						98						
49						99						
50						100						
TOTAL IND.						TOTAL IND.						
TOTAL DEP.						TOTAL DEP.						
TOTAL CLAIMS						TOTAL CLAIMS						